

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030201

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7289

STATE FILE NUMBER

FILED JUL 19 1963

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|---|---|---|---------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | a. STATE Missouri COUNTY St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital | | d. STREET ADDRESS 325 Wenneker | |
| 3. NAME OF DECEASED (Type or print) First HARRY Middle A. Last LEVI | | 4. DATE OF DEATH Month July Day 14 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Unk. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney | | 10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo. | |
| 11. BIRTHPLACE (City and state or country) U.S.A. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Ben Levi | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Rose Lisner Levi | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk. | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Mrs. H.A. Levi-325 Wenneker | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 331x DUE TO (c) 331x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from January 1963 to July 14 1963 last saw him alive on July 14 1963 Death occurred at 10:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED 7-15-63 | |
| 22a. SIGNATURE (Degree or title) Michael M. Karl M.D. | | 22b. ADDRESS 4652 Maryland | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 7/16/63 | |
| 23c. NAME OF CEMETERY United Hebrew Temple | | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | |
| 24. FUNERAL DIRECTOR Herman Rindskopf, Inc. | | 25. DATE REC'D. BY LOCAL REG. JUL 15 1963 | |
| 26. REGISTRAR'S SIGNATURE Lois Smith M.D. | | | |

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Page 10 of 10

Let's do some more.

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STATEMENT BY 'LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

0-43

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer _____

Signed

Licensed Embalmer No _____

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above!

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1. **Introduction**

DATE: 05/07/2014 14:00